

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

2003 JUL 15 PM 4:05

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00051464		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Councilman		FIRST Enrique	MI	
	NICKNAME "Killer"		LAST MARTIN		SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE: ZIP CODE
	8327		STATON	SAT	78224
5 CAMPAIGN TREASURER NAME	TITLE LTC (Ret)		FIRST Thomas	MI	
	NICKNAME		LAST Malone		SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE: ZIP CODE
	2202 Cypress Pearl		SAT	78232	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
	(210)	635-9535			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year 01 / 01 / 03		THROUGH Month Day Year 06 / 30 / 03		
10 ELECTION	ELECTION DATE Month Day Year 05 / 05 / 01		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) City Council District 4		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

2003 JUL 15 PM 4:05

14 C/OH NAME**15 ACCOUNT #** (Ethics Commission filers)

00051464

**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,400.⁰⁰**EXPENDITURE
TOTALS**

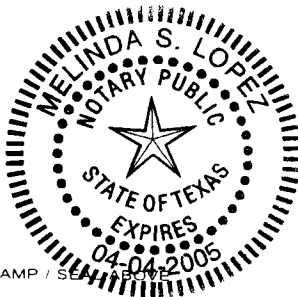
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 54.09

4. TOTAL POLITICAL EXPENDITURES

\$ 3,154.⁰⁹**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2,433.⁷⁰**19 AFFIDAVIT**

AFFIX NOTARY STAMP / SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Enrique Martin, this the 15th day of July, 20 03, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

2003 JUL 15 PM 4:05

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1 1 of 1	
2 FILER NAME ENRIQUE MARTIN		3 ACCOUNT # (Ethics Commission filers) 00051464	
4 Date 2-24-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) G.W. WORTH	7 Amount of contribution (\$) 1,000. ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 6929 Camp Bullis Rd SAT 78256			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2-24-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ronald Warkentin	Amount of contribution (\$) 1,000. ⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1703 Braeburn Bend SAT 78258			
Principal occupation (Optional)		Employer (Optional)	
Date 3-13-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SAN Antonio Police Officers Assoc. PAC	Amount of contribution (\$) 300. ⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1939 N.E. 410 #230 SAT 78217			
Principal occupation (Optional)		Employer (Optional)	
Date 5-5-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SPurs Sports & Entertainment	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code ONE SAC Center SAT 78219			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

2003 JUL 15 PM 4:05

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F.	
2 FILER NAME Enrique Martin		3 ACCOUNT # (Ethics Commission filers) 000 51464	
4 Date 1-27-03	5 Payee name Texas Ethics Commission	7 Amount (\$) 2,800. ⁰⁰	
6 Payee address: City: State: Zip Code P.O. Box 12070 Austin, Texas 78711-2070			
8 Purpose of payment (See instructions regarding type of information required.) Fine		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2-20-03	Payee name Uncle Bob's Storage	Amount (\$) 300. ⁰⁰	
Payee address: City: State: Zip Code			
Purpose of payment (See instructions regarding type of information required.) Storage of Campaign material		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 5-27-03	Payee name Enterprise Rent-a-car	Amount (\$) 39. ⁰⁹	
Payee address: City: State: Zip Code			
Purpose of payment (See instructions regarding type of information required.) Auto Rental		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 5-29-03	Payee name City of San Antonio	Amount (\$) 15. ⁰⁰	
Payee address: City: State: Zip Code P.O. Box 839966 SAT 78283			
Purpose of payment (See instructions regarding type of information required.) Photographs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			